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Case Report

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Giant Perianal Condyloma acuminatum in Infant Successfully Treated by Surgical Excision

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Abstract

Giant condyloma acuminatum is a rare in infant. We report a case of giant perianal condyloma in 10- month-old infant without sexual abuse. The patient was treated by surgical excision associated with electrocoagulation without any recurrence after two years.

Keywords: Giant condyloma acuminatum; Infant; Electrocoagulation; Human papilloma virus; Surgical excision

Background

Condyloma acuminatum is defined as anogenital infection caused by human papillomavirus. In adult, it considered as the most frequent sexually transmitted infection. In childhood, the incidence of anogenital condyloma has been increased and their sexual transmission is debated. The association between anogenital condylomain children and sexual abuse has been much discussed recently [1].

Giant condyloma acuminatum isa rare in infant. It presented as a large cauliflower-like tumor that caused by human papilloma virus 6 and 11 [2]. We report 10-month-old boy with perianal giant condyloma acuminatum without any sexual abuse.

Case

A 10-month-old boy presented with a perianal tumor that rapidly increased in size. Physical examination revealed an exophytic, verrucous, bleeding, cauliflower-like, tumour that protruded through the anus with with dimensions of 13x6x4 cm (Figure 1). There was no sign of sexual abuse especially no redness, no swelling, no bleeding or scars in perianal or anal area. Dermatological examination of the rest of the tegument did not show any verrucous lesions. The parents had not any genital condyloma or skin warts. Blood tests showed anemia with hemoglobin concentration of 7 g⁄dL. Serologic studies for human immunodeficiency virus and syphilis were negative. The patient underwent skin biopsy. Histopathological examination demonstrated papillomatosis, acanthosis, and focal koilocytosis and concluded to the diagnosis of condyloma acuminatum. The human papilloma virus PCR study was not performed. The lesion was excised completely under general anesthesia. First, an incision was made circumferentially around the peduncle of each lesion, and then the excision was preceded by electrocoagulation (Figure 2). The evolution was marked by a rapid healing in two weeks without any recurrence after two years.

Figure 1: Perianal exophytic, verrucous, cauliflower-like tumour.

Figure 2: Clinical appearance after surgical excision and electrocoagulation.

Discussion

Giant condyloma acuminatum is a rare tumour in infant. Most transmission among adults is via sexual transmission. In paediatric populations, three modes of transmission can be proposed; vertical transmission which may occur in utero, during delivery or immediately after a birth. Horizontal transmission may occur by auto or hetero-inoculation. Autoinoculation refers to a self-contamination from an infected body site. However, hetero-inoculation involves transmission by third person, particularly by the parents or caregivers of the child, by direct contac tof the skin or indirect contact through contaminated objects and surfaces. The third form of transmission is sexual abuse [3]. Therefore, the discovery of condyloma acuminatum in a child requires some precise investigations in order to determine the mode of transmission and to exclude the hypothesis of sexual abuse [2].

This sexual transmission is much discussed. For some authors, the possibility of sexual abuse appears to be greater in children older than 4 years. In the case of anogenital condyloma in children under the age of 4 years, the possibility of non-sexual transmission should be strongly considered in the absence of another sexually transmitted infection, clinical indicators, or history of sexual abuse [1,4].

Our observation confirms this statement. Our 10-month-old infant did not present any anamnestic, or clinical indicators of sexual abuse.

The diagnosis of condyloma acuninatum is clinical. Biopsy and histological examination should be conducted in case of doubt or in a case of giant condyloma.

In case of giant condyloma acuminatum, the biopsy examination shows as in our case some histological feature related to human papillomavirus infection.

In children, condyloma acuminatum is commonly associated with HPV types 6 and 11. The isolation of an oncogenic human papilloma virus genotype is not systematically related to a sexual abuse. Thus, the importance of human papillomavirus genotyping in the exploration of sexual abuse is controversial [4].

The management of giant condyloma acuminatum in childhood is problematic due to the young age of the patients and the size of condyloma. Surgical methods are the greatest options of the treatment but require in children local or general anesthesia. These methods involve a non-specific elimination of condyloma and include cryotherapy, CO_2 laser therapy, pulsed-light therapy, electrocoagulation, and surgical excision. Surgical excision and electrocoagulation are the most used therapies in children with giant condyloma acuminatum [5]. Our case was successfully treated by surgical excision associated with electrocoagulation without any noted recurrence after two years.

We can conclude that there are few reports about giant condyloma acuminatum in children. The association with sexual abuse is not systematic. The treatment is based on surgical methods. While both sexual and non-sexual transmissions are possible in patients with condyloma acuminatum, sexual abuse must always be considered in children.

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